



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF LEGAL AND REGULATORY SERVICES
CHILD CARE LICENSING UNIT

Jeffrey A. Meyers
 Commissioner

Melissa A. St. Cyr, Esq.
 Chief Legal Officer

129 PLEASANT STREET, CONCORD, NH 03301-3857
 603-271-9025 1-800-852-3345 Ext. 9025
 Fax: 603-271-4782 TDD Access: 1-800-735-2964
 www.dhhs.nh.gov

Sworn Statement in accordance with RSA 170-E 29-a, III

NAME _____
(LAST) (MAIDEN/ALIAS) (FIRST) (MI)

ADDRESS _____
(STREET) CITY (STATE) (ZIP CODE)

DATE OF BIRTH _____ **DRIVER LICENSE NUMBER** _____ **STATE** _____

PROGRAM NAME _____ **PROGRAM LIC. #** _____
(no abbreviations)

I hereby swear that:

- a) I do not have any felony convictions in this or any other state.
- b) I have not been convicted of a sexual assault, assault including simple assault, any other violent crime, abuse, neglect, or any other crime that shows that I may pose a threat to the well-being of children, such as a violent crime or a sexually-related crime against an adult.
- c) I have not had a finding by the Department or any administrative agency in this or any other state for abuse, neglect, or exploitation of children.

My signature below certifies I am the individual listed above and that the information provided is true.

YOUR SIGNATURE _____ **DATE** _____
Signed under penalty of unsworn falsification pursuant to NH RSA 641:13

NOTARY'S SIGNATURE _____ **DATE** _____
(Affix Seal) (Comm. Exp.)